



PTO/SB/21 (07-06)

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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/612,087
Filing Date	July 3, 2003
First Named Inventor	KATOH et al.
Art Unit	1772
Examiner Name	Nassar AHMAD
Attorney Docket Number	24-007-RCE

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below): Request for Continued Examination (RCE) Transmittal
Remarks		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	POSZ LAW GROUP, PLC		
Signature			
Printed name	James E. Barlow		
Date	December 28, 2006	Reg. No.	32,377

### CERTIFICATE OF TRANSMISSION/MAILING

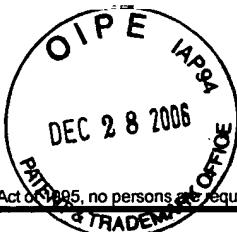
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Signature			
Typed or printed name			Date

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Effective on 12/8/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL For FY 2005

 Applicant Claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)  
**790**

Complete if Known	
Application Number	<b>10/612,087</b>
Filing Date	<b>7/3/2003</b>
First Named Inventor	<b>KATOH et al.</b>
Examiner Name	<b>Nassar AHMAD</b>
Art Unit	<b>1772</b>
Attorney Docket No.	<b>24-007-RCE</b>

## METHOD OF PAYMENT (check all that apply)

Check    Credit Card    Money Order    None    Other (please identify): \_\_\_\_\_

Deposit Account   Deposit Account Number: **50-1147**   Deposit Account Name: **Posz Law Group, PLC**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below    Charges fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17    Credit any overpayments

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## FEE CALCULATION

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	160	80	0	0	0	0	_____

## 2. EXCESS CLAIM FEES

## Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Fee (\$)  
Fee (\$)50  
25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

Fee (\$)  
Fee (\$)200  
100

Multiple dependent claims

360  
180Total Claims   Extra Claims   Fee (\$)   Fee Paid (\$)   Multiple Dependent ClaimsFee (\$)  
Fee (\$)- 20 or HP =    x    =   

HP = highest number of total claims paid for, if greater than 20

Indep. Claims   Extra Claims   Fee (\$)   Fee Paid (\$)Fee (\$)  
Fee (\$)- 3 or HP =    x    =   

HP = highest number of independent claims paid for, if greater than 3

## 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$    (\$ for small entity)

for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).

Total Sheets   Extra Sheets   Number of each additional 50 or fraction thereof   Fee (\$)   Fee Paid (\$)  
- 100 =    / 50 =    (round up to a whole number) x    =   

\$0

Fees Paid(\$)

## 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: RCE filing fee    \$ 790

## SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	32,377	Telephone	(703) 707-9110
Name (Print/Type)	James E. Barlow			Date	December 28, 2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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